SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL PIERRE, S.D. 57501-5077 605-773-4845

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

File Date	
Receipt No.	_

## FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota

ракота.	
1.	The name of the corporation is
2.	The street address, or a statement that there is no street address, of its current registered office
	ZIP + 4
	The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, <u>must also be included</u> .
	ZIP + 4
4.	The name of its current registered agent is
5.	The name of its new registered agent is *
Th	The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.  ne statement may be signed by any authorized officer of the corporation.
Da	Signature
	Printed Name
	Title
	CONSENT OF APPOINTMENT BY THE REGISTERED AGENT
	I,,hereby give my consent to serve as the (name of registered agent)  registered agent for(corporate name)
	Dated
	(signature)